

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: _____

Permit No. _____

Governmental Entity

Approving Local Government	City of Dade City	Contact Person	Tina Mauriello
Telephone	352-523-5050	Email	tmauriello@dadecityfl.com

Organization Requesting Special Event

Name of Organization	_____	Contact Person	_____
Telephone	_____	Email	_____

Description of Special Event

Event Title	_____	Date of Event	_____
Start Time	_____	End Time	_____
Event Route (attach map)	_____		
Detour Route (attach map)	_____		

Law Enforcement Agency Responsible for Traffic Control

Name of Agency	_____
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US Coast Guard Approval for Controlling Movable Bridge

Not Applicable	<input type="checkbox"/>
Copy of USCG Approval Letter Attached	<input type="checkbox"/>
Bridge Location	_____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator	Tina Mauriello	Signature	_____	Date	_____	
Law Enforcement	Name/Title	James Walters - Chief of Police	Signature	_____	Date	_____
Government Official	Name/Title	Leslie Porter - City Manager	Signature	_____	Date	_____

FDOT Special Conditions

FDOT Authorization

Name/Title	_____	Signature	_____	Date	_____
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